

# INDIAN HEALTH SERVICE AND TRIBAL 638 (PROVIDER TYPE 57)

## BILLING ON UB-O4 (837I) FORM

### Provider Enrollment

To be eligible for enrollment, a provider must:

- Provide proof of licensure, certification, accreditation or registration according to Montana state laws and regulations.
- Provide a W-9.

Providers must complete a Montana Medicaid Provider Enrollment Form, which is a contract between the provider and the Department. Each health care provider must have a National Provider Identifier (NPI), and atypical providers are assigned a Montana Medicaid provider number, which should be used in all correspondence with Medicaid. Providers must enroll for each type of service they provide. For example, a pharmacy that also sells durable medical equipment (DME) must enroll for the pharmacy and again for DME. Contact Provider Relations if you have any questions.

### Basic Eligibility Requirements

To be eligible for Montana Medicaid, you must meet financial requirements that take into account your income and resources. You must be a Montana resident, and you must have proof of U.S. citizenship or alien status and identity. You also must fall into one of these groups:

- Parent or other related adults with dependent children under age 19
- Children
- Pregnant women
- Women diagnosed with breast or cervical cancer or pre-cancer
- People aged 65 or older
- People who are blind or disabled (based on Social Security criteria)

### Full vs. Basic Medicaid

Medicaid clients get either **full** or **basic** Medicaid coverage depending on which eligibility group they fall into. You may be eligible for full coverage if you are:

- Under age 21
- Blind or disabled
- Aged 65 or older
- Pregnant

That means you can get all services that Medicaid covers that are medically necessary.

If you don't fall into one of the above groups, you may be eligible for **basic** Medicaid coverage. This covers all Montana Medicaid services except for **dental care, audiology, services, vision exams, eyeglasses, durable medical equipment, and personal-care services in your home**. In some cases, such as emergency situations or employment, people getting basic coverage may be able to get some of the excluded services.

### ELIGIBILITY INQUIRY

- VOICE RESPONSE: 1-800-714-0060
- FAXBACK: 1-800-714-0075
- MONTANA ACCESS TO HEALTH (MATH) WEB PORTAL
- PROVIDER RELATIONS: 1-800-624-3958

## SERVICES

Montana Medicaid covers the same services for clients who are enrolled in Medicaid and Indian Health Service (IHS) as those clients who are enrolled in Medicaid only. Requirements for specific services are covered in the General Medicaid Provider Manual. The IHS manual and other Medicaid manuals are available on the Montana Department of Public Health and Human Services website. General covered services categories include:

- Inpatient Services
- Physician Inpatient Services
- Outpatient Services
- Pharmacy Services
- Mental Health Services
- Dental Services
- Vision Services
- Durable Medical Equipment

## Billable Revenue codes for IHS/638 facilities

### Revenue Code

<b>100</b>	<b>Inpatient Hospital (Blackfeet, Crow and Fort Belknap)</b>
<b>270</b>	<b>General Class Medical/Surgical Supplies</b>
<b>290</b>	<b>General Class – Durable Medical Equipment</b>
<b>291</b>	<b>Rental – Durable Medical Equipment</b>
<b>292</b>	<b>Purchase – Durable Medical Equipment</b>
<b>300</b>	<b>Lab</b>
<b>320</b>	<b>Radiology (07/01/13)</b>
<b>400</b>	<b>Radiology (end date 06/30/13)</b>
<b>500</b>	<b>Outpatient</b>
<b>509</b>	<b>Other - Eyeglass</b>
<b>512</b>	<b>Dental</b>
<b>513</b>	<b>Mental Health</b>
<b>519</b>	<b>Other Outpatient</b>
<b>771</b>	<b>Vaccination</b>
<b>987</b>	<b>Professional Inpatient Service (Blackfeet, Crow and Fort Belknap)</b>

- All revenue codes require units of service on the claim form.
- All revenue codes required a procedure code except 100,270,290,291,292 and 987.
- Lab (300) and X-Ray (320) are to be billed as stand-alone visits only (per Billings Area Office)

**All claims must be billed within 365 days from the date of service.**

## Pharmacy:

All pharmacy claims are reimbursed through the Medicaid Point of Sale (POS) program. Along with the cost of the prescription, the state also pays for the dispensing fee. The actual pharmacy visit is reimbursed at the Outpatient “All Inclusive Rate”.

## Durable Medical Equipment (DME):

Durable medical equipment and supplies “means the most economical equipment or supplies that are medically necessary to treat a health problem or a physical condition. Equipment or supplies that are useful or convenient, but are not medically necessary to treat an illness or injury do not qualify for Medicaid coverage. (See ARM 37.86.1801 - 37.86.1807).

### DME Rental Equipment:

The department will allow a 13 month period for rental equipment. During this period, Medicaid rental reimbursement includes all supplies, maintenance, repair, components, adjustments and services related to the item during the rental month. After 13 months rental, the member will be deemed to own the item and the provider must transfer ownership of the item to the member. After the 13-month rental period, the provider may bill separately for supplies, maintenance, repair, components, adjustments and services related to the item.

- \* The prescription must indicate the diagnosis, the medical necessity, and projected length of need for prosthetic devices, durable medical equipment, and medical supplies. For items requiring prior authorization, the provider must include a copy of the prescription when submitting the prior authorization request.
- \* Prescriptions for oxygen must include the liter flow per minute, the hours of use per day, and the person's PO2 or oxygen saturation blood test(s) results.
- \* Reimbursement for oxygen is made on a monthly basis. Only one unit may be billed per month regardless of the actual amount used by the patient.
- \* A statement of medical necessity for the rental of durable medical equipment, excluding oxygen equipment must indicate the length of time the equipment will be needed. All prescriptions must be signed and dated.
- \* No more than one month's medical supplies may be provided to a Medicaid person based on the physician's orders.
- \* Persons will be limited to a new wheelchair no more than once every five years, unless the department determines that a new chair is required sooner because the person's current chair is causing the person serious health problems or because of a significant change in the person's medical condition.
- \* Items provided on a rental basis:
  - \* Limited up to 13 months or less
  - \* During the 13-month rental period, Medicaid rental reimbursement includes all supplies, maintenance, repair, components, adjustments, and services related to the item during the rental month.
  - \* After 13 months rental, the recipient will be deemed to own the item and the provider must transfer ownership of the item to the recipient. After the 13-month rental period, the provider may bill separately for supplies, maintenance, repair, components, adjustments, and services related to the item, subject to the requirements of these rules, except that repair charges are not reimbursable during the manufacturer's warranty period.
  - \* All rentals will be paid on a monthly basis

**\* The following items are not reimbursable by the program:**

(a) items determined not to be medically necessary by the Medicaid program, except as provided in (3);

(b) orthopedic shoes, corrections, and shoe repairs unless the criteria in (6)(b)(i) or (ii) are met and the physician's prescription indicates that:

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- i) the shoes are attached to a brace or orthotic device which cannot be accommodated in a regular shoe; or
  - (ii) the shoes are covered under Medicare criteria for therapeutic shoes for diabetics under the same conditions the Medicare program will cover therapeutic shoes for diabetics. A copy of the Medicare criteria is available upon request from the Department of Public Health and Human Services, Health Resources Division, 1401 East Locky, P.O. Box 202951, Helena, MT 59620-2951;

(c) convenience and comfort items;

(d) payment for provider's travel;

(e) nutrient solutions except when they are for parenteral and enteral nutrition therapy, are the primary source of nutrition for patients, and are medically appropriate;

(f) purchase of air fluidized beds;

(g) any delivery, mailing or shipping fees, or other costs of transporting the item to the person's location;

(h) disposable incontinence wipes;

(i) adaptive equipment;

(j) building modifications;

(k) automobile modifications;

(l) environmental control devices;

(m) exercise equipment;

(n) personal care items;

(o) alarms;

(p) educational equipment;

(q) personal computers;

(r) sexual aids or devices;

(s) items included in the nursing home per diem rate;

(t) backup equipment; and

(u) safety equipment unless explicitly covered by Medicare.

## Examples of Billing on a UB-04 claim form.



ub04 sample color  
fillable.pdf

### Medicaid Billing

- Multiple visits for different services on the same day with the same diagnosis:

IHS/Tribal facilities can be reimbursed for **multiple general covered services categories** on the same day for the same client with the same diagnosis provider they are **different general covered service categories**. The diagnosis code may be the same for each of the claim(s), but the services provided must be distinctly different and occur within different units of the facility. For example, IHS/Tribal facility may bill a mental health service, an outpatient service, and a pharmacy service for a single client on the same day.

- Multiple visits for the same type of service on the same day with different diagnoses:

IHS/Tribal facilities can be reimbursed for multiple same day visits for the same type of **general covered service category** if the **diagnoses are different**. For example, consider a client who goes to a general outpatient visit in the morning and return later in the day for a dental appointment. While these visits are both outpatient visits they are distinctly different health needs and separately billable.

- Multiple same day visits that will not be reimbursed:

Multiple visits of the same **general covered service categories** with the same diagnosis are not reimbursed separately. For example, a client goes to the clinic in the morning with flu symptoms and then returns to the clinic with symptoms relating to the initial diagnosis. The first claim will pay and the second should deny as a suspect duplicate.

### Samples of UB 04 Forms

- # 1 Lab
- # 2 X-Ray
- # 3 Outpatient
- # 4 Outpatient – Eye Glasses
- # 5 Dental
- # 6 Mental Health
- # 7 Outpatient (additional medical visit)
- # 8 Vaccination
- # 9 Professional Inpatient Services
- # 10 All Codes
- # 11 Inpatient and Professional Inpatient Services
- # 12 Inpatient Stay
- # 13 General Class Medical/Surgical Supplies

- # 14 General Class Durable Medical Equipment
- # 15 Rental – Durable Medical Equipment
- # 16 Purchase – Durable Medical Equipment

# UB-04

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# UB-04

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### Extra Text Box

## Electronic Filing: ANSI 837 Quick References

- **LOOP 2000A** – (Specialty/Taxonomy): Provider Specialty information (PRV03)
- **LOOP 2010AA** – (Billing Provider)
  - Name and Address (NM103)
  - NPI (NM109)
  - Tax ID # ( REF02)
  - Legacy ID # (REF02)
  - Address & 9 digit Zip Code (N3 & N4)
- **LOOP 2010BB** (Payer)
  - Payer (Insurance Co.) Name (NM103)
  - Payer ID # (NM109)
- **LOOP 2310B** – (Rendering)
  - Provider Name (Box 31) (NM103)
  - Provider Primary Identifier (NPI) (NM109)
- **LOOP 2310C** - (Facility)
  - Facility Name ( Box 32) (NM103)
  - Facility Address (N3 & N4)
  - Facility Primary ID # (NPI) (NM109)
- **LOOP 2300**
  - Claim Information
- **LOOP 2400**
  - Service Line Information (Charges tab) Procedure codes, dates etc.
- **LOOP 2310F** (referred Services)
  - Referred by an IHS Facility (include the NPI of referring facility)

## Contacts

## Xerox State Healthcare Provider Relations 1-800-624-3958

Brandi Weltz	Provider Relations Field Rep	<a href="mailto:Brandi.Weltz@Xerox.com">Brandi.Weltz@Xerox.com</a>
Danielle Wood	Provider Relations Field Rep	<a href="mailto:Danielle.wood@xerox.com">Danielle.wood@xerox.com</a>
	Provider Relations Manager	

## DPHHS – Health Resources Division

John Hein	I H S Program Officer, FQHC (Medicaid)	406-444-4349	<a href="mailto:jhein@mt.gov">jhein@mt.gov</a>
Brett Williams	Hospital and Clinic Bureau Chief	406-444-3634	<a href="mailto:bwilliams@mt.gov">bwilliams@mt.gov</a>
Duane Preshinger	Health Resources Division, Administrator	406-444-4458	<a href="mailto:dpreshinger@mt.gov">dpreshinger@mt.gov</a>